

WRITING NARRATIVES

In the literature the words “stories” and “narratives” are used inter-changeably. One useful definition is that “stories” are *immediate accounts* told by one person to another “on the spot”. If that second person then re-tells the “story” it becomes a “narrative” written from both yours and the other person’s points of view. If you are planning to tell the “story” of one client you have worked with then there will be a time-lag between the event and your writing. Thus, in re-telling a story there should be a considerable amount of reflection and re-organisation of the account so that it makes sense to a reader. Thus – you will be writing a “narrative”.

Most of the early clinical reasoning work was done in the late 1980s and the 1990s which explains the dates of the references. All this work was seminal and extremely useful. Now in the second decade of this century there is a re-interest in researching and developing this topic. New books on narratives are expected to be published soon. Thus, Mattingly & Fleming (1994), introduced narratives as a form of reasoning into the occupational therapy profession in the early 1990’s. Narratives are a qualitative form of writing and can be used for research purposes. More importantly, for your evidence, they make public the “processing of the therapist’s thinking” (Ryan & McKay, 1999). According to Eraut (1994) by writing a narrative your knowledge becomes public and that the sharing of this knowledge allows for ordering, cohesion, understanding and, importantly, meaning to the event. Narratives can show how a student interweaves theory and conceptual frameworks into their practice in a “human” sense. Writing this narrative down tells another person how you went about your work, what influenced you to *say* what you said and *do* what you did. It also shows the reader the outcomes of this encounter and the depth of your reflection as to how you could improve your practice and perhaps do things differently the next time around. This cyclical process deepens your professional understanding, takes you up to another level of reasoning and works and contributes to greater competency for the future even though you know you will not encounter exactly the same circumstances again with another person. You will have added to your repertoire - your “library of stories” (Neistadt, 1987) on which you can draw in the future.

Mattingly used the term “narrative framing”. If you study the outlines below you will find that much of this information you already know or it will be in the person’s actual records. These narrative questions also give you clues for further relevant questioning.

Read and then prepare your answers to these questions below.

This framework is NOT YOUR NARRATIVE but prepares you to write it.

WRITING NARRATIVES: Outlines

NARRATIVE FRAMING – ALL ABOUT YOU

- About yourself and your previous experience from life and your past professional experiences
- About your perceived level of competency at the moment
- About your role in the current organisation where you are / were in the narrative

NARRATIVE FRAMING – CONTEXT WHERE YOU WORK

(Look at the Figure on the OTCA website for: CONTEXTS OF PRACTICE)

- Where are you working?
- What is the remit for this team?
- What other disciplines / staff / volunteers / organisations do you work with
- Is this context part of a greater cluster of services that you might use to refer onwards?
- How long have you been in this context?

NARRATIVE FRAMING – ABOUT THE PERSON WITHIN A LIFELINE FROM BIRTH TO END OF LIFE CARE

- How old is this person chronologically – developmentally?
- What has happened to this person? Is it recent? Was it sudden? Has the problem / occupational issue been there for a long period of time?
- What is the person's story – where have they been – what has happened to them in the meantime - who has been with them in this time?
- What do I do?

NARRATIVE FRAMING – ABOUT THERAPY

- Will this situation improve – stay the same – get worse?
- Will therapy be able to remediate this situation?
- Will therapy need to be on-going? If so – who will decide the next stages in the therapeutic situation?
- Will support need to be continuous?
- Who else is affected in this situation and is there anything that needs to be done for the?
- What picture(s) do you have of this person in their future?
- How will these pictures affect the way you work?

ALL THESE ANSWERS PREPARE YOU TO WRITE YOUR NARRATIVE BELOW

WRITING YOUR NARRATIVE

INTRODUCTION

- Tell the reader who you are and where you are working (context) and your role and experiences and your perceived level of competence for this narrative.
- Introduce the person you met and tell about their life that you know of.

BODY OF NARRATIVE

- Describe where you went – what you noticed – who was there - how you introduced yourself and got started with therapy. (This is a good chance to make your conversation “real” to the reader.
- As you are describing your narrative reasoning you must “tell the reader” what you said – what you did next and WHY (your reasons). Tell about any frameworks that you have learned or experienced that helped you.

CONCLUSION

- Tell the reader how the session concluded – what was decided – how was therapy to proceed (or not).
- Evaluate this particular meeting.
- Reflect on this whole encounter – think about how you could have done things differently – noticed things – said things in another way – concluded better.
- What other material would you study to find further evidence?
- Could you have used your supervision session better with your practice educator?
- Finally – write about what you have learnt from this whole narrative process.

References

Eraut, M. (1994) *Developing Professional Knowledge and Competence*. London, Falmer Press.

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Neistadt, M. (1987) Classroom as clinic: a model for teaching clinical reasoning in occupational therapy education. *American Journal of Occupational Therapy*, 41(10): 631-636.

Ryan, S., McKay, E. (1999) *Thinking and Reasoning in Therapy: Narratives from Practice*. Cheltenham, Stanley Thornes (Publishers) Ltd.